

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request:	2 Serial/Patent #
2-5-05	10/626,463

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
X Petition	None	11-15-04	\$130.00
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND	\$130.00
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8 TO BE REFUNDED BY:	CC
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At	Treasury Check
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Credit Deposit A/C #:	
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10 REASON:	
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Overpayment	
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Duplicate Payment	
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X No Fee Due (Explanation):	
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PTO lost the paper

11 REFUND REQUESTED BY:
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TYPED/PRINTED NAME:	Paul Sharad
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TITLE:	Senior Attorney
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SIGNATURE:	Paul Sharad
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PHONE:	571-272-3225
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OFFICE:	Office of Petitions
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\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY \*\*\*\*\*

APPROVED:	Alicia Miller
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DATE:	2/8/05
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B